

AUTHORIZATION FOR BACKGROUND CHECK

<<Child Abuse and Neglect Tracking System (CANTS)>>

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

List all addresses at which you have resided in the past five years:

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the <<program or agency name>> to conduct a search of the <<Child Abuse and Neglect Tracking system (CANTS)>> to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

_____	_____
Signed	Date

Please type, use bold letters or label:

_____	(Your Agency Name)
_____	(Contact Person)
_____	(Address)
_____	(City/State/Zip)

Mail this request to:
<<Name and address of processing
agency>>

National Sex Offender Registry Check

I hereby authorize the <<sponsoring agency/program name>> to conduct a sex offender registry check, using the information provided below, on the Department of Justice National Sex Offender Registry, www.nsopr.gov.

I acknowledge that in order to participate in the <<program name>> this sex offender registry check must be conducted in order to comply with the AmeriCorps subgrantee rules as set forth by the Corporation for National & Community Service.

I understand that the information obtained during the sex offender registry check will be used solely for the purpose of determining my eligibility to participate in the <<program name>> and will remain confidential.

I understand that if I am subject to a state sex offender registration requirement, I am deemed unsuitable for and may not serve in an AmeriCorps program, according to the AmeriCorps subgrantee rules as set forth by the Corporation for National & Community Service.

However, before such determination is made, I will have the opportunity to review and challenge the factual accuracy of a sex offender registry check result.

Signature of AmeriCorps applicant

Date

First Name _____

Last Name _____

County _____ City _____

State _____ Zip Code _____

*If residency at above address is less than one year, please list previous address:

County _____ City _____

State _____ Zip Code _____